



Click "Highlight Existing Fields" button
above to view input fields in blue

AUXILIARY CHECK REQUEST

(Please attached original invoice/receipt)

| | | |
|---------|---------------|-----------|
| DATE: | REQUESTED BY: | PHONE/EXT |
| ACCT #: | ACCT NAME: | |

| Vendor Information | Accounting Instructions |
|---------------------|-------------------------|
| Name | Mail |
| Address | Will Hand-carry |
| City State Zip Code | Date Required |
| Phone No. Fax No. | |

If Tax Exempt, click on the check box

| Item | Quantity | Description | Unit Cost | Total |
|------|----------|-------------|-----------|-------|
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***APPROVAL. All required signatures must be obtained prior to processing.**
Attach Board Approval (when required).

| | |
|--------------------|--|
| Subtotal | |
| Tax (7.75%) | |
| Total | |

1. Associated Student Body Budgeted

ASGWC Finance Commissioner or President Date

Student Activities Director Date

1. Student Club Accounts

Club Officer Date

Club Advisor Date

Student Activities Director Date

1. Trust Accounts

Account Advisor Date

Designated Administrator Date

| | |
|---|------|
| For Fiscal Services Internal Office Use | |
| Vendor# | |
| Voucher# | |
| Batch# | |
| Account# | |
| Verified | Date |

Copy Distribution:
Original: Campus Fiscal Service Office
Copy: Student Activities/Division Office (Trusts)